

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3842
 Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC.
 Address: 562 WEST STATE ROAD 4
 City/State/Zip: OLMITZ, KS 67564-8561
 Purchaser: NCRA
 Operator Contact Person: TOM LARSON
 Phone: (620) 653-7368
 Contractor: Name: SOUTHWIND DRILLING, INC.
 License: 33350
 Wellsite Geologist: ROBERT LEWELLYN
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>7/8/2006</u>	<u>7/19/2006</u>	<u>8/9/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-24525-0000
 County: NESS
APP SE SW NE Sec. 19 Twp. 18 S. R. 26 East West
2250 feet from NORTH Line of Section
1560 feet from EAST Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: MCLEISH Well #: 3-19
 Field Name: _____
 Producing Formation: _____
 Elevation: Ground: 2638' Kelly Bushing: 2648'
 Total Depth: 4675' Plug Back Total Depth: 4626'
 Amount of Surface Pipe Set and Cemented at 262 Feet
 Multiple State Cementing Collar Used? Yes No
 If yes, show depth set 1986 Feet
 If Alternate II completion, cement circulated from 1986
 feet depth to SURFACE w/ 190 sx cmt.

Drilling Fluid Management Plan *Att II NH 8-18-08*
 (Data must be collected from the Reserve Pit)
 Chloride content 18000 ppm Fluid volume 400 bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South Market-Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Carol Lee
 Title: SECRETARY/TREASURER Date: 11/3/06
 Subscribed and sworn to before me this 3RD day of NOVEMBER,
2006.
 Notary Public: Debra J Ludwig
 Date Commission Expires: MAY 5, 2008

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
NOV 06 2006

DEBRA J. LUDWIG
 Notary Public - State of Kansas
 My Appt. Expires 5/5/2008

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: MCLEISH Well #: 3-19

Sec. 19 Twp. 18 S. R. 26 East West County: NESS

INSTRUCTIONS: Show important tops and base of formation penetrated. Detail all cores. Report all final copes of drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geologist well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Sample Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>DUAL INDUCTION</u> <u>DUAL COMP POROSITY</u> <u>BOREHOLE COMP SONIC</u> <u>MICRORESISTIVITY</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><input checked="" type="checkbox"/> Log</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;"><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>ANHYDRITE</td> <td>2009</td> <td>+639</td> </tr> <tr> <td>HEEBNER</td> <td>3952</td> <td>-1304</td> </tr> <tr> <td>LANSING-KANSAS CITY</td> <td>3989</td> <td>-1341</td> </tr> <tr> <td>STARK SH</td> <td>4252</td> <td>-1604</td> </tr> <tr> <td>BASE KC</td> <td>4363</td> <td>-1715</td> </tr> <tr> <td>PAWNEE</td> <td>4463</td> <td>-1815</td> </tr> <tr> <td>FORT SCOTT</td> <td>4512</td> <td>-1864</td> </tr> <tr> <td>CHEROKEE</td> <td>4535</td> <td>-1887</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4599</td> <td>-1951</td> </tr> </table> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> KCC NOV 03 2006 CONFIDENTIAL </div>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	ANHYDRITE	2009	+639	HEEBNER	3952	-1304	LANSING-KANSAS CITY	3989	-1341	STARK SH	4252	-1604	BASE KC	4363	-1715	PAWNEE	4463	-1815	FORT SCOTT	4512	-1864	CHEROKEE	4535	-1887	MISSISSIPPIAN	4599	-1951
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set - conductor, surface, intermediate, production, etc.							
Purpose of string	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	12-1/4"	8-5/8"	24#	262'	CLASS A	180	2% GEL, 3% CC
PRODUCTION	7-7/8"	5-1/2"	15.5#	4674'	SMD	125	1/4#/SK FLOCELE
					EA-2	100	5#/SK GILSONITE, 1/2% CFR-2

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	SURF	262	CLASS A	180	2% GEL, 3% CC

Shots per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid. Fracture, Shot, Cement, Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
4	4619-22'		

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TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	4619'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
8/9/06		<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
	15	0	140	
				Gravity
				38

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>If vented, submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	4619-22

ALLIED CEMENTING CO., INC.

24323

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

At Band

DATE <u>7-8-06</u>	SEC. <u>19</u>	TWP. <u>18</u>	RANGE <u>26</u>	CALLED OUT <u>10:30AM</u>	ON LOCATION <u>1:30PM</u>	JOB START <u>2:15PM</u>	JOB FINISH <u>2:45PM</u>
LEASE <u>McLeish</u>		WELL # <u>3-19</u>	LOCATION <u>Reeler wto #1 Ave 1 1/2 W/S</u>	COUNTY <u>Neosho</u>	STATE <u>Ka</u>		
OLD OR NEW (Circle one), <u>NEW</u>							

CONTRACTOR Southwind #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 306'

CASING SIZE 8 5/8" DEPTH 304'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG 15'

PERFS. _____

DISPLACEMENT 18 1/2 bbls

OWNER Same

CEMENT

AMOUNT ORDERED 180 lbs Common

370cc 280 gel

COMMON	<u>180 lbs</u>	@	<u>10.65</u>	<u>1917.00</u>
POZMIX		@		
GEL	<u>3 M.</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5 M.</u>	@	<u>46.60</u>	<u>233.00</u>
ASC		@		

EQUIPMENT

PUMP TRUCK # 181 CEMENTER Tom D

HELPER Steve T

BULK TRUCK # 342 DRIVER Cody R

BULK TRUCK # _____ DRIVER _____

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CONSERVATION DIVISION

WICHITA, KS

HANDLING	<u>188.04</u>	@	<u>1.90</u>	<u>357.20</u>
MILEAGE	<u>188.04 CB</u>	@	<u>19</u>	<u>285.76</u>
TOTAL				<u>2842.91</u>

REMARKS:

Run 304' of 8 5/8" cas. Break circulation.
Mixed 180 lbs Common 370cc 280 gel.
Released plug. Replaced with fresh
#30.
Cement did circulate

Thanks

CHARGE TO: Levan Operating

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>304'</u>			
PUMP TRUCK CHARGE				<u>815.00</u>
EXTRA FOOTAGE	<u>4</u>	@	<u>.65</u>	<u>2.60</u>
MILEAGE	<u>19</u>	@	<u>5.00</u>	<u>95.00</u>
MANIFOLD		@		
TOTAL				<u>912.60</u>

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 wooden Plug</u>	@	<u>60.00</u>	<u>60.00</u>
	@		
	@		
	@		
	@		
TOTAL			<u>60.00</u>

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

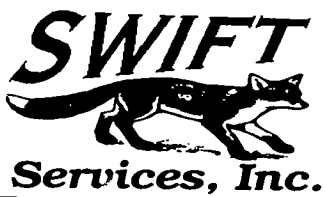
TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X Doug Roberts

X Doug Roberts
PRINTED NAME



CHARGE TO: **LARSON OPERATING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 10441

PAGE 1 OF 1

NOV 03 2006
CONFIDENTIAL

1. SERVICE LOCATIONS NESS CITY, KS	WELL/PROJECT NO. 3-19	LEASE MCLEISH	COUNTY/PARISH NESS	STATE KS	CITY	DATE 7-25-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR EXPRESS WELL SERVICE	RIG NAME/NO.	SHIPPED VIA ET	DELIVERED TO LOCATED	ORDER NO.	
3.	WELL TYPE OTL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE CS/WWT PORT COLLEGE	WELL PERMIT NO.	WELL LOCATION BELOE, KS - 2W, 1 1/2W, WDP		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE * 104		25	ME		4.00	100.00	
577		1			PUMP SERVICE		1	JOB		850.00	850.00	
330		1			SWIFT MULTI-BRISTOL STAINLESS		190	SID		12.50	2375.00	
276		1			FLOCELE		50	lbs		1.25	62.50	
290		1			D-AND		1	GAL		32.00	32.00	
581		1			SERVICE CHARGE CS/WWT		200	SWZ		1.10	220.00	
583		1			DAMAGE		19970	lbs	249.63	TM	1.00	249.63
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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **7-25-06** TIME SIGNED: **1030** A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	3889.13
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	4020.01

SWIFT OPERATOR: **WAVE WATSON** APPROVAL: _____

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **7-25-06** PAGE NO. **1**

CUSTOMER **Carson Operating** WELL NO. **3-19** LEASE **McLEISH** JOB TYPE **COMWT PORT COLLAR** TICKET NO. **10441**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR 1986'
	1045				✓		1000	PSI-TEST HELD
	1100	3	2	✓		300		2 1/2 RATE - OPEN PC
	1105	4	105	✓		300		MAX COMWT 190 SKS SWS 1/4" FIBERGLASS
	1140	3	7	✓		500		DISPLACE COMWT
	1145			✓		1000		CLOSE PORT COLLAR - PSI TEST - HELD
								CORRECTED 15 SKS CRT TO POT
	1200	3	25	✓		400		RUN 4 LITS - CIRCULATE CLEAN
								PULL TOOL
								WASH TRUCK -
	1230							JOB COMPLETE
								THANK YOU WALTER, JUSTY, SHANE

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 WICHITA, KS



CHARGE TO: LARSON OPERATING
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No. 10433

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PAGE 1 OF 2

1. SERVICE LOCATIONS <u>NESS CITY, KS</u>	WELL/PROJECT NO. <u>3-19</u>	LEASE <u>MCLEESH</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY	DATE <u>7-19-06</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>SOUTHWIND OIL & GAS</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>5 1/2" LONGSTRONG</u>	WELL PERMIT NO.	WELL LOCATION <u>BEECH, KS - 2W, 1W, WS</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #104		25	ME		4.00	100.00
578		1			PUMP SERVICE		1	JOB	4670 FT	1250.00	1250.00
221		1			LEADS KCI		2	GAL		26.00	52.00
281		1			MUDFLUSH		500	GAL		.75	375.00
419		1			ROTATING HEAD		1	JOB		250.00	250.00
RECEIVED KANSAS CORPORATION COMMISSION NOV 06 2006 CONSERVATION DIVISION WICHITA, KS											

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X T.C. Larson
 DATE SIGNED 7-19-06 TIME SIGNED 1000 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL #1	2027.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				#2	3915.64
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				subtotal	5942.64
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TAX	214.66
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	6157.30

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR WAVE WILSON APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **7-19-06** PAGE NO. **1**

CUSTOMER **LARSON OPERATING** WELL NO. **3-19** LEASE **MCLEISH** JOB TYPE **5 1/2" LONGSTRENGTH** TICKET NO. **10433**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOAD KCC NOV 03 2006 TD-4675 TP-4672.06 ST-42.55 SET-4670 5 1/2" PT - 15.5 PORT COLLAR = 1985'
	1120							DROP BALL - CIRCULATE ROTATE
	1225	6	12		✓	500		PUMP 500 GAL MUD FLUSH "
	1227	6	20		✓	500		PUMP 20 BBL KCL-FLUSH "
	1235		4-2					PLUG RH-MH
	1240	6	51		✓	400		MIX CNT- 125 SKS SMD "
		4	24		✓	250		100 SKS EA-2 "
	1256							WASH OUT PUMP - LEVES
	1258							RELEASE LATCH DOWN PLUG
	1300	6 1/2	0		✓			DISPLACE PLUG "
		6 1/2	100			850		SHUT OFF ROAMING
	1315	6 1/2	110.2			1500		PLUG DOWN - PSE UP LATCH IN PLUG
	1317					OK		RELEASE PSE-HELD
								WASH UP TRUCK
	1430							JOB COMPLETE

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NOV 06 2006
CONSERVATION DIVISION
WICHITA, KS

THANK YOU
WAKE, DUSTY, SEAN

LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC.
562 WEST STATE ROAD 4
OLMITZ, KS 67564-8561

(620) 653-7368
(620) 653-7635 FAX

11-6-08

ACO-1 CONFIDENTIALITY REQUEST

Via UPS Next Day

November 3, 2006

Kansas Corporation Commission
Attn: Elizabeth Heibel
130 South Market, Room 2078
Wichita, KS 67202

KCC
NOV 03 2006
CONFIDENTIAL

Re: McLeish 3-19
Ness County, Kansas
API #15-135-24525-0000

Dear Ms. Heibel:

Enclosed please find the ACO-1 Well Completion Form, with copies of all logs, geo report, DST's, and cementing tickets for the captioned well. We request that all information be held confidential for the period of one year.

If you have questions, please call.

Sincerely,

Larson Operating Company



Carol Larson
Secretary/Treasurer

encl.

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